

FILED
WILLIAMSPORT
MAY 23 2021

PER NR
DEPUTY CLERK

PRIME CARE MEDICAL, INC.

REFUSAL TO CONSENT TO TREATMENT

Institution: WCCF

Location: A

Patient Name: Robert Murray

Patient #: 18536

I have been advised by Dr/PA/NP _____ that it is necessary for me to _____

pt c/o of headache + N/V yelled at car + told him
u'd call him down to medical *check his vitals
+ check him out. pt. refusing to come to medical

The effect and nature of this treatment has been explained to me. Although I understand that my failure to follow this treatment may seriously impair my life or health, I nevertheless refuse to submit to the recommended treatment. I assume the risks and consequences of such refusal and release the above named physician, the institution and its employees or agents, and PrimeCare Medical, Inc. from any liability attributable to my refusal to accept the recommended treatment.

Reason For Refusal: 1
Left in car + A have

Or

Problem No Longer Exists

Patient Name: Robert Murray

Date: 1/25/19

Witness: COA. [Signature]

Witness: Natalia Burton Lpn



The Choice for Quality Correctional Health Care

APPROVAL OF PATIENT RECORD REQUEST

Patient: Robert Murray
Date of Birth: 12/05/1970
Facility: WCCF

We are in receipt of your request for a copy of your medical records. A copy of your records will be provided to you:

- ☐ From the medical department at the facility.
- ☒ From the corporate office.

Please be advised that you may have a copy of this information subject to the security regulations of the facility.

A copy of this form is being provided to jail administration.

Clerk: *Ashley Folkes*
Date: 04/19/2022

3940 Locust Lane • Harrisburg, PA 17109
(717) 545-5787 • 1-800-245-7277 • FAX: (717) 545-5491

Patient: MURRAY, ROBERT
MRN: 1034086
Account #: PARS002949125
Service Code: EOP ER OUTPATIENT
Room #: Bed #:

Adm Date: 1/25/2019 23:43 EST
Dch Date: 1/26/2019 04:40 EST
Attending: FREI, ANDREW S MD
Primary Care: UNKNOWN PHY, PRIMARY CARE MD
DOB/Sex: 12/5/1970 Male

Emergency Documentation

Result Type:
Result Date:
Result Status:
Result Title:
Performed By:
Verified By:

ED Pre-Arrival Note
1/25/2019 23:44 EST
Auth (Verified)
ED Pre-Arrival Note
Dean, Kathleen Unit Secretary (1/25/2019 23:44 EST)
Dean, Kathleen Unit Secretary (1/25/2019 23:44 EST)

ED Pre-Arrival Note**Pre-Arrival Summary**

Name: CW, Current Date: 01/25/2019 23:44:22 EST
Gender:
Date of Birth:
Age: 49 years
Pre-Arrival Type: EMS
ETA: 01/25/2019 23:55:00 EST
Primary Care Physician:
Presenting Problem: AMS/Vomiting
Pre-Arrival User: Dean, Kathleen Unit Secretary
Referring Source:
Location: PRE
EMS Call Date/Time: 01/25/2019 23:25:00

PreArrival Communication Form
Regional Hospital of Scranton
746 Jefferson Avenue
Scranton, PA 18510

Additional Patient Information:

Smart Communications/PADOC
SCI-Dallas

NAME Robert Murray

NUMBER QA2794

P.O. Box 33028

St. Petersburg, FL 33733

INMATE MAIL



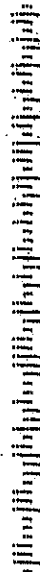
RECEIVED
WILLIAMSPORT

MAY 23 2022

PER NJ
DEPUTY CLERK

Office Of the Clerk
U.S. District Court
Middle District of PA.
U.S. Courthouse, Suite 218
240 west third St.
Williamsport, Pa. 17701-6460

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